

UNITED STATES DEPARTMENT OF AGRICULTURE - RESEARCH, EDUCATION, AND ECONOMICS
APPLICATION FOR APPROVAL TO ENGAGE IN NON-FEDERAL EMPLOYMENT OR ACTIVITY

SECTION 1 - GENERAL INFORMATION

A. AGENCY EMPLOYMENT

NAME (LAST, FIRST, MIDDLE INITIAL)

ORGANIZATION/LOCATION, ADDRESS & TELEPHONE NUMBER

POSITION TITLE, SERIES, GRADE & SALARY

B. PROSPECTIVE NON-FEDERAL EMPLOYMENT OR ACTIVITY

NAME & ADDRESS OF EMPLOYER/ORGANIZATION

DESCRIPTION OF EMPLOYMENT/ACTIVITY (Identify duties/services performed)

DATES OF EMPLOYMENT/ACTIVITY

PAY, REIMBURSEMENT OR TERMS OFFERED (e.g. salary, fee, honorarium, royalties, stock options, travel and expenses, or other). Indicate if employment/activity is non-compensated.

Can the outside work or activity be performed entirely outside of your normal working hours? ☐ YES ☐ NO

Do you have any contact with the prospective employer or activity in your official capacity? (If yes, explain in Section C). ☐ YES ☐ NO

If no, please provide the estimated hours of leave that will be required (all leave requires prior approval from supervisor).

Will this activity interfere with your official duties? ☐ YES ☐ NO
(If yes, explain in Section C, describe official duties that relate to the proposed employment/activity).

_____ Annual Leave _____ Administrative Leave

Will this activity involve the use of unpublished research or information not publicly available? (If yes, explain in Section C). ☐ YES ☐ NO

For employment involving consultative or professional services, is the client, employer, or other person on whose behalf services are performed receiving or intending to seek a USDA grant, loan, contract, cooperative agreement or other funding relationship? (If yes, explain in Section C). ☐ YES ☐ NO

Is compensation derived from a USDA grant, contract, cooperative agreement, or other source of USDA funding? (If yes, explain in Section C). ☐ YES ☐ NO

C. COMMENTS (Use this space to provide any additional explanation or other pertinent information, additional sheets may be attached.)

D. EMPLOYEE CERTIFICATION

This information is complete and accurate to the best of my knowledge. I am familiar with the USDA Ethics Supplemental Regulations (5 CFR Part 8301), and the Standards of Ethical Conduct (5 CFR 2635), including the provisions of 5 CFR ' 2635.807(b), that prohibits use of official title or position to identify self in connection with teaching, speaking, or writing. I acknowledge that if my non-Federal employment/activity request is approved, I must resubmit a request for prior approval upon a significant change in the nature of the outside employment/activity or in my official position and must reaffirm the accuracy of this request every third year. I will also provide written notification to my Immediate Supervisor and Ethics Advisor when my outside employment/activity is terminated.

SIGNATURE

DATE

SECTION 2 - REVIEW AND APPROVAL

E. SUPERVISORY RECOMMENDATION

I reviewed the above statements and certify that the prospective non-federal employment/activity does not pose a conflict of interest with the employee-s official duties. Further, I will not assign any future duties or responsibilities which could place the employee in violation of the law. Should a situation arise where conflicting assignments must be made, the employee will be given prior notification and counseled regarding the steps that must be taken to remain in compliance with applicable statutes and regulations. Therefore, I approve this request. (If the supervisor cannot certify this statement, they must indicate the reasons for recommending disapproval in the comment section provided below).

COMMENTS:

☐ APPROVAL
RECOMMENDED ☐ NOT
RECOMMENDED

SIGNATURE & TITLE (Immediate Supervisor)

DATE

☐ APPROVED ☐ DENIED

SIGNATURE & TITLE (Ethics Advisor)

DATE